

57

All diseases in Part I must be causally related.

4

FILED FEB 6 1958

Registration District No

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

43

Primary Registration District No. _____

STATE FILE NUMBER

Registrar's No.

414

BER
154

1. PLACE OF DEATH a. COUNTY Butler		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Butler	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Poplar Bluff Twsp.		c. CITY OR TOWN Poplar Bluff	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Goodwill Nursing Home		d. STREET ADDRESS (If outside, give location) Rural	
3. NAME OF DECEASED (Type or print) First Arthur Middle W. Last Swain		4. DATE OF DEATH Month 1 Day 22 Year 1958	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH 1-1-1881
9. AGE (In years ^{years} birthday) 77		10. FUNDING YEAR Months 7 Days 7 Hours 7 Min. 7	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired saw mill operator		10b. KIND OF BUSINESS OR INDUSTRY Union, Ind.	
11. BIRTHPLACE (City and state or country) USA		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Robert Swain		13b. MOTHER'S MAIDEN NAME Unknown Isabel Cornelius Unknown	
14. NAME OF HUSBAND OR WIFE Unknown		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes or No) (If yes, give year or dates of service) None	
16. SOCIAL SECURITY NO. None		17. INFORMANT Neil Swain, Qulin, Missouri	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Asphyxiation DUE TO (b) Cardiac failure DUE TO (c) gangrenous intestinal obstruction PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 5702		INTERVAL BETWEEN ONSET AND DEATH ?	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour 8:30 a.m. PM Month, Day, Year 1-21-58		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Poplar Bluff, Mo.		20f. CITY, TOWN, OR LOCATION Qulin, Missouri	
21. I attended the deceased from 1-21-58 , to 1-21-58 and last saw him alive on 1-21-58 Death occurred at 8:30 PM on the date stated above; and to the best of my knowledge, from the causes stated.		22. SIGNATURE J. F. Priesk DO Poplar Bluff, Mo.	
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE 1-27-58	
23c. NAME OF CEMETERY OR CREMATORY Qulin Cemetery		23d. LOCATION (City, town, or county) Qulin, Missouri	
24. FUNERAL DIRECTOR Greer Croy & Fitch, Poplar Bluff, Mo.		25. DATE RECD. BY LOCAL REG. 1/30/58	
26. REGISTRAR'S SIGNATURE R. M. M. M. M.		27. DATE SIGNED 1-24-58	

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

FEB 7 1958

BUTLER CO. HEALTH CENTER

FILE No. _____

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
by me, or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed _____

Licensed Embalmer No. 4928

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.